(Includes	INED DECLARATIO Reference to PCT Internation	N FOR PATENT nal Applications)	APPLICATION AN	D POV	VER OF ATT	ORNEY	ATTORNEY'S DOCKET NUMBER PU3985US2	
	As below nar	ned inventor. I her	eby declare that:					
	My residence, post office address and citizenship are as stated below next to my name.							
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
		R	EBATE CALCUI	LATC	)R			
	the specification of which (check only one item below):							
	[x]is attached hereto.							
	[ ]was filed as United on (if applicable)	States application	Serial No.		_on	and was am	ended	
	[ ] was filed as PCT international application Numberon							
	and was amended	under PCT Article	e 19 on		(if appli	icable).		
ಕ್ಷಕರಣಕ್ಕ	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims,							
The state of the s	I acknowledge the dut Regulations, §1.56 an or PCT international fi I hereby claim foreign applications(s) for pate country other than the patent or inventor's cer on which priority is cla	d all information we ling date of the corpriority benefits urent or inventor's cerunited States of Autificate or any PCT aimed:	hich became available atinuation-in-part applander Title 35, United Stifficate or 365(a) of armerica listed below an international applicat	e betwe ication. states C ny PCT d have ion(s) l	en the filing of dode. §119 (a)-(a)-(b) international a also identified having a filing	the prior application (d) or §365(b) of any application(s) design below any foreign a date before that of the control of the c	n and the national  y foreign nating at least one	
PRIOR	FOREIGN/PCT APP	LICATION(S) AN	D ANY PRIORITY	CLAI				
	(if PCT indicate PCT)		ATION NUMBER		APPLICATION DATEe		PRIORITY CLAIMED	
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3.				_				
I hereby	claim the benefit under	Title 35, United S	tates Code §119(e) of	any Ur	nited States pro	visional application(	(s) listed below:	
Application No.  1. 60/196,441			Filing Date (MM/DD/YYYY)					
1. 60/196,441 2.			04/11/2000					
3.								
application in Title 37	laim the benefit under Title 3 I States of America that is/are n(s) in the manner provided by Code of Federal Regulations application:	isted below and, msof by the first paragraph of	ar as the subject matter of e Title 35, United States Cod	ach of th le. 8112.	e claims of this ap I acknowledge the	plication is not disclosed	l in that/those prior	
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:								
U.S. APPLICATION NUMBER			U.S. FILING DATE		PATENTED	PENDING	ABANDONED	
	PCT APPLICATION	NS DESIGNATIN	JG THE U.S.		<del></del>			
PCT AP		CT FILING DATE	U.S.FILING NUMBERS ASSIGNED (1f any)	5				

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY ATTORNEY'S DOCKET No. (Includes Reference to PCT International Applications) PU3985US2 POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) David J. Levy Reg. No. 27,655 James P. Riek Reg. No. 39,009 John L. Lemanowicz Reg. No. 37,380 Charles E. Dadswell Reg. No. 35,851 Virginia C. Bennett Reg. No. 37,092 Bonnie Deppenbrock Reg. No. 28,209 Karen L. Prus Reg. No. 39,337 Frank P.Grassler Reg. No. 31,164 Elizabeth Selby Reg. No. 38,298 Robert H. Brink Reg. No. 36,094 Christopher P. Rogers Reg. No. 36,344 Lorie Ann Morgan Reg. No. 38,181 Send Correspondence to: Direct Telephone Calls to: David J. Levy, Patent Counsel Global Intellectual Property Department Christopher P. Rogers Glaxo Wellcome Inc. 919-483-1240 Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709 PATENT TRADEMARK OFFICE I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. FULL NAME FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL BREWER 2 OF INVENTOR Sherran Irene RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0 CITIZENSHIP Cary NC NC POST OFFICE ADDRESS POST OFFICE CITY STATE & ZIP CODE/COUNTRY Glaxo Wellcome Inc. 1 ADDRESS Research Triangle Park NC 27709, US Five Moore Drive, PO Box 13398 SIGNATURE 201 DATE: Ü **FULL NAME** FIRST GIVEN NAME **MARBURGER** OF INVENTOR 2 Kimberly T. RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP ò. CITIZENSHIP Northville $\mathbf{MI}$ US POST OFFICE POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY Glaxo Wellcome Inc. 2 ADDRESS Research Triangle Park NC 27709, US Five Moore Drive, PO Box 13398 **SIGNATURE** 202 DATE: FAMILY NAME **FULL NAME** FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL 2 OF INVENTOR **SABATELLI** Mark Α. M RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0\_\_ CITIZENSHIP Raleigh NC US POST OFFICE ADDRESS POST OFFICE STATE & ZIP CODE/COUNTRY 3... Glaxo Wellcome Inc. **ADDRESS** Research Triangle Park NC 27709, US Five Moore Drive, PO Box 13398 203 **SIGNATURE** DATE: FAMILY NAME 2001 2 **FULL NAME** FIRST GIVEN NAME **STAFFORD** OF INVENTOR 0 **RESIDENCE &** Raleigh CITIZENSHIP NC US POST OFFICE ADDRESS 4 POST OFFICE STATE & ZIP CODE/COUNTRY Glaxo Wellcome Inc. **ADDRESS** Research Triangle Park NC 27709, US Five Moore Drive, PO Box 13398 204 **SIGNATURE** DATE: 2 **FULL NAME** FAMILY NAM FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL OF INVENTOR

CITY

STATE OR FOREIGN COUNTRY

COUNTRY OF CITIZENSHIP

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STATE & ZIP CODE/COUNTRY

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	As be	low named in	ventor. I he	reby declare that:				**
	My residence, post office address and citizenship are as stated below next to my name.							
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							and joint inventor (if 1 the invention
			K	EBATE CALCU	JLAI	OR		
	the specification	on of which (c	heck only or	ne item below):				
	[x]is attached	hereto.						
	[ ]was filed as on (if applicabl	United States le)	s application	Serial No.		on	and was ar	nended
· ·	[ ] was filed as	PCT internat	ional applica	ation Number		on		
	and was a	mended under	PCT Article	e 19 on		(if appl	icable).	
etros.	I hereby state th	hat I have revi	ewed and ur	nderstand the contents				luding the claims,
ing of the state o	or PCT internate I hereby claim: applications(s) country other the patent or invention which prioris	fisional filing data foreign priorit for patent or in the United tor's certificate ty is claimed:	ute of the con y benefits un nventor's cen States of An e or any PCT	nation which is mater which became available the tinuation-in-part appender Title 35, United trificate or 365(a) of a merica listed below a miternational application.	le betw lication States any PC and have ation(s	ween the filing of n. Code. §119 (a)-( T international a re also identified ) having a filing	f the prior application (d) or §365(b) of an application(s) designated below any foreign date before that of	any foreign nating at least one
PRIOR	COUNTRY	T APPLICA'	TION(S) AN	ND ANY PRIORITY TION NUMBER	CLA	IMS UNDER 3	5 U.S.C. 119:	
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	claim the benefi	it under Title	35 United S	tates Code §119(e) of	T	T. '. 1 C.		
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1. 60/196,441				04/11/2000				
pplication n Title 37	n(s) in the manner pr	ovided by the fire	st paragraph of	 §120 of any United States ar as the subject matter of Title 35, United States Co available between the filin	da fili	the claims of this ap	plication is not disclose	d in that/those prior
RIOR U.	S. APPLICATION	S OR PCT INTI	PRATIONAL	A DDI ICATIONS DES				
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## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

ATTORNEY'S DOCKET No.

(Includes Reference to PCT International Applications)

PU3985US2

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Charles E. Dadswell Karen L. Prus Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337

Reg. No. 36,094

James P. Riek Virginia C. Bennett Frank P.Grassler Christopher P. Rogers Reg. No. 39,009 Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,344 John L. Lemanowicz Reg. No. 37,380
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Elizabeth Selby Reg. No. 38,298
Lorie Ann Morgan Reg. No. 38,181

Robert H. Brink
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David J. Levy, Patent Counsel Global Intellectual Property Department Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709



PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Christopher P. Rogers 919-483-1240

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BREWER	Sherran	Irene
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Cary	NC	NC
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
. 1	ADDRESS	Glaxo Wellcome Inc.	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	ļ	
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25.25	FULL NAME	FAMILY NAME	FIRST GIVEN NAME, Kimberly KIM	SECOND GIVEN NAME/INITIAL
ų.	OF INVENTOR	MARBURGER	Kimberly KIM	I.
		CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
200	RESIDENCE &			1
QJ	CITIZENSHIP	Northville	MI	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Glaxo Wellcome Inc.	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398	<b>3 3</b>	
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<b>1</b> #		1 Kin angunga		3-23-200/ SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
falsali 2	OF INVENTOR	SABATELLI	Mark	Α.
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9	CITIZENSHIP	Raleigh	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3-1	ADDRESS	Glaxo Wellcome Inc.	Research Triangle Park	NC 27709, US
Name -		Five Moore Drive, PO Box 13398		
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l				
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
· -	OF INVENTOR	STAFFORD	Randy	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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i	CITIZENSHIP	Raleigh	NC	US
4	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	Glaxo Wellcome Inc.	Research Triangle Park	NC 27709, US
l	1	Five Moore Drive, PO Box 13398		1
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2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
l ~	OF INVENTOR			
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